

Name in Full

Certificate of Death

Name *Bonnie Bassitt*
 Died at *near Lonsburg* Town *Worcester* County *MARYLAND*

Date 189 *8* Month *8* Day *25* Y. M. D. Native of Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

7

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of { Primary
 Death { Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Berlin A. Gerald

Address

9-2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008



Name in Full

Certificate of Death

Mrs. Jane Clogg

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

8

8/

Age

76

Male
Female

White

~~Colored~~~~Married~~~~Single~~

Widow

~~Widower~~

Divorced

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mary E. McDaniel

Town

County

Died at

Pocomoke

Dorchester

MARYLAND

Month

Day

Y.

M

D.

Native of

Occupation

Date 189

8

8

29

Age

78

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Single~~~~Single~~~~Widow~~

Number of children living

81

~~Husband~~

of

Peter McDaniel

Wife

Father's

Mother's

Name

Name

161

Cause of

Primary

Complication of Diseases

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Crisfield Times

9-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968



Name in Full

Certificate of Death

Died at *Mumfard* Town *Harchester* County *MARYLAND*
 Date 189 *8* Month *8* Day *Y.* *M.* *D.* Native of Occupation

Age *Married* *Widow* *Divorced*
Male *White* *Colored* *Single* *Widower* *Number of children living*
 Female

Husband
 of
 Wife

Father's Name *Geo. Mumfard* Mother's Name

Cause of Death { Primary *161* How long sick
 Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Richardson

Died at

Broomfield City

County

Monter

MARYLAND

Date 189

8

Month

8

Day

30

Y.

2

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Geo. E. Richardson

Mother's
Name

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

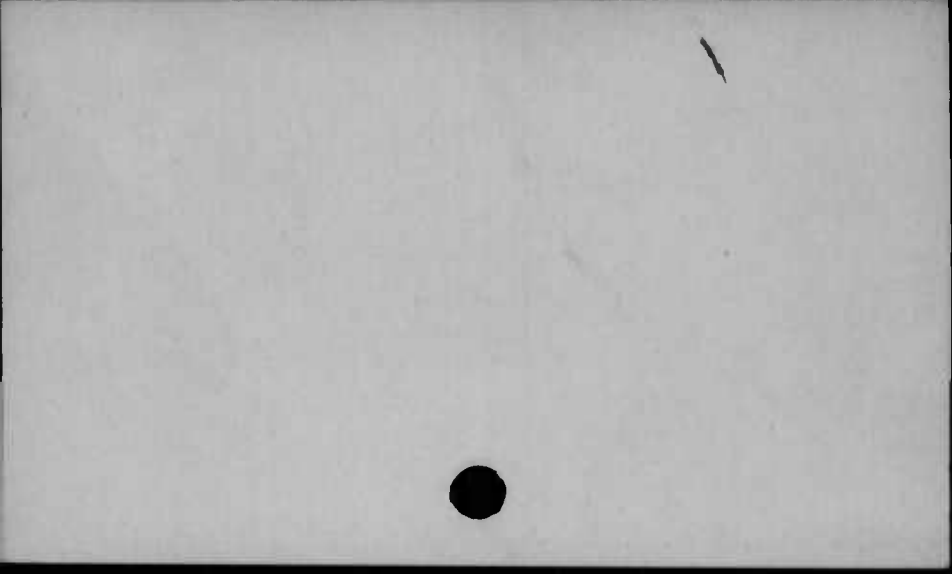
Reported by

Ledger-Enterprise Broomfield City

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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William Swan

Town

Snow Hill

County

Worcester

MARYLAND

Died at

Date 1898

Month

aug

Day

13th

Age

54

Y.

M.

11

D.

3

Native of

Connecticut

Occupation

Minister (Presbyterian)

Male

White

Married

Widow

~~Burgess~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband

of Emma Nassau Swan

Father's

Name

Benjamin Lincoln Swan

Mother's

Name

Sarah Brinckerhoff

Cause of

Primary

Diabetes

28

How long sick

1 week

Death

Immediate

Asthma (Rapid)

Accident, Suicide, Homicide

Reported by

C. P. Jones

Address

Snow Hill Md



Name in Full

Certificate of Death

Jennie Keeler Timmons

Died at ^{Town} near Snow Hill, ^{County} Worcester

MARYLAND

Date 1898 ^{Month} August ^{Day} 1st ^{Y.} 11 ^{M.} 10 ^{D.} 19 ^{Native of} U. S. ^{Occupation} ✓

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

~~Husband~~ ~~Wife~~

Father's Name John S. Timmons Mother's Name Josephine C. Timmons

Cause of Death { Primary Typhoid Fever 1 How long sick 2 weeks
 Immediate Intestinal Hemorrhage Accident, Suicide, Homicide

Reported by W. D. Stranglin, M.D.

Address Snow Hill [redacted] Str. Co., Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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